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In re: Ari D. Kaplan
Case: P1551USA Application No.: 10/040,524 Filing date: 11/01/2004
Art Unit: 2131 Examiner: Ayaz R. Sheikh
Subject: Method and System for Wireless Database Management

Certificate of Transmission under 37 CFR 1.8

Attention: Ayaz R. Sheikh, Examiner

Fax No.: (703) 872-9306

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Signature

Sheri Beasley

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3. Response A - 8 sheets
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Method of Transmission: Facsimile

CASE DOCKET NO. P1551USA

In reference to application of Ari D. Kaplan

Serial No. 10/040,524

For Method and System for Wireless Database Management

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

- ☒ No additional fee is required.
☒ Applicant claims Small entity status under 37 CFR 1.27.
☐ The fee has been calculated as shown below.

**** CLAIMS AS AMENDED ****							
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Paid For Previously	(5) Present Extra	(6) Rate Small Entity	(7) Rate Large Entity	(8) Additional Fee
Total Claims	20	Minus	** 28	0	\$ 25	\$ 50	\$ 0.00
Indep Claims	2	Minus	*** 3	0	\$ 100	\$ 200	\$ 0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$ 0	\$ 0	\$ 0.00
<input type="checkbox"/> Terminal Disclaimer Fees							\$ 0.00
Extension Fee	<input type="checkbox"/> 1st Month		<input type="checkbox"/> 2nd Month		<input type="checkbox"/> 3rd Month		\$ 0.00
Total additional for claims, time extensions and disclaimer fees							\$ 0.00

** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

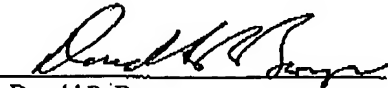
*** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Multiple dependencies, if any, included in the above calculation.

* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

☐ A check in the amount of 0.00 is attached.☐ Charge \$ 0.00 to deposit account 50-0534. (A duplicate of this sheet is enclosed)☒ Please charge any additional fees or credit overpayment to Deposit Account 50-0534. A duplicate of this sheet is enclosed.

Respectfully Submitted,



Donald R. Boys
Reg. No. 35074

Central Coast Patent Agency, Inc.
P.O. Box 187
Aromas, CA 95004
(831) 726-1457

Method of Transmission: Facsimile

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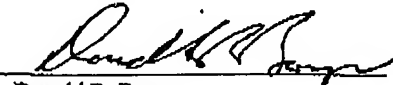
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Indep Claims	2	Minus	*** 3	0	\$ 100	\$ 200	\$ 0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$ 0	\$ 0	\$ 0.00
<input type="checkbox"/> Terminal Disclaimer Fees							\$ 0.00
Extension Fee	<input type="checkbox"/> 1st Month		<input type="checkbox"/> 2nd Month		<input type="checkbox"/> 3rd Month		\$ 0.00
Total additional for claims, time extensions and disclaimer fees							\$ 0.00

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Reg. No. 35074Central Coast Patent Agency, Inc.
P.O. Box 187
Aromas, CA 95004
(831) 726-1457

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JUN 29 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit: 2131 Examiner: Ayaz R. Sheikh

In Re: Ari D. Kaplan
Case: P1551USA
Serial No.: 10/040,524
Filed: 11/01/2001
Subject: Method and System for Wireless Database Management

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Response A